



Please type a plus sign (+) inside this box → ☐

RECEIVED  
MAR 18 2003  
TECH CENTER 1600/2900

Approved for use through 10/31/2002. OMB 0651-0047

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                            |                      |                        |           |
|--------------------------------------------------------------------------------------------|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/069,180             |           |
|                                                                                            | Filing Date          | 2/15/2002              |           |
|                                                                                            | First Named Inventor | S. OHKAWA              |           |
|                                                                                            | Group Art Unit       | tba                    |           |
|                                                                                            | Examiner Name        | tba                    |           |
| Total Number of Pages in This Submission                                                   | 5                    | Attorney Docket Number | 2628 US0P |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard.<br>Form PTO 1449.<br>Cited References (4) |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.                                                                                                                                                                                                                                                                                                                                                     |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                       |
|--------------------------------------------|---------------------------------------|
| Firm or Individual name                    | Mark Chao, Ph.D., JD, Reg. No. 37,293 |
| Signature                                  |                                       |
| Date                                       | 3/11/03                               |

| CERTIFICATE OF MAILING                                                                                                                                                                                                                           |                 |      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 3/11/03 |                 |      |         |
| Typed or printed name                                                                                                                                                                                                                            | Gail L. Winokur |      |         |
| Signature                                                                                                                                                                                                                                        |                 | Date | 3/11/03 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/069180

Filed: 2/15/2002

1<sup>st</sup> Inventor: OHKAWA

For: Tricyclic Dibenzofuran Derivatives, Process for the  
Preparation Thereof and Agents

Atty. Dkt. No. 2628US0P



Art Unit:

Examiner:

Allowed:

Batch:

Paper No.:

#9  
RECEIVED 9/2/03  
MAR 18 2003  
TECH CENTER 1600/2900  
82

Information Disclosure Statement

Commissioner for Patents  
Washington, D.C. 20231  
Sir:

Pursuant to 37 CFR §1.56, 1.97 and 1.98, applicants request consideration of the references listed on the attached form PTO-1449. A legible copy of each listed reference is enclosed.

Enclosed is a copy of the European Search Report dated FEB 6, 2003, in which these references were first brought to the Applicant's attention less than three-months prior to filing this information disclosure statement.

Should the Examiner believe that a conference with applicants' attorney would advance prosecution of this application, the Examiner is respectfully invited to call applicants' attorney.

Respectfully submitted,

Dated: March 6, 2003

(847)383-3372

(847)383-3391

Mark Chao, Ph.D., Reg. No. 37,293

Elaine M. Ramesh, Ph.D., Reg. No. 43032

Attorney for Applicants

Customer No. 23115

Takeda Pharmaceuticals North America, Inc.  
Intellectual Property Department  
Suite 500, 475 Half Day Road  
Lincolnshire, IL 60069 USA